

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-675)

SERIAL NO. 09/868749 FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER C 1st AMENDMENT | | AFTER D 2nd AMENDMENT | |
|--------------|----------|------|--------------------------|------|--------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| TOTAL IND. | 2 | | 3 | | | |
| TOTAL DEP. | 11 | ↔ | 16 | ↔ | 10 | ↔ |
| TOTAL CLAIMS | 13 | ↔ | 19 | ↔ | 10 | ↔ |

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| TOTAL DEP. | | | | | 0 | | 0 | 0 |
| TOTAL CLAIMS | | | | | 0 | | 0 | 0 |

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER A 1st AMENDMENT | | AFTER B 2nd AMENDMENT | |
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| TOTAL DEP. | 11 | ↓ | 16 | ↓ | 16 | ↓ |
| TOTAL CLAIMS | 13 | | 18 | | 19 | |

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| TOTAL CLAIMS | | | | | | |

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